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## THE TREATMENT OF QUINSY.—ADDITIONAL REPORT.

[Reprinted from THE PRACTITIONER for JULY 1876.]

SINCE the publication of the first return of 112 answers from our subscribers as to the treatment of quinsy adopted by them, 24 more answers have come to hand from subscribers to the *Practitioner* in the United States, Australia, and other distant parts. Their treatment will be seen to approximate closely to that of the previous respondents. The remark made in the first return that in the practice of American physicians it would seem they regarded quinsy as a more depressant malady, and calling for a more stimulant treatment, than is usually held to be requisite at home, is borne out by these further answers. The position of the different remedies employed in the treatment of quinsy is somewhat changed, but not materially. In the first return guaiacum took the premier position, in this return aconite holds the first place with 8 advocates. Chlorate of potash is again second with 7 adherents. Then follow guaiac (6) and purgatives (6), succeeded by quinine (5), Dover's powder (5), opium (4), quinine and iron (3), iodide of potassium (2), bromide of potassium (2), veratrum viride (2), belladonna and aconite (2), belladonna alone (1), and ipecacuan (1).

As to the doses used, 1 writer gives the iodide of potassium in ʒi doses 3 times every day. The dose of chlorate of potash is commonly 10 grains every 3 or 4 hours, of guaiacum the chief dose is 20 grains given at varying intervals, so varying indeed as not to admit of brief classification. One advocates the sucking of guaiacum. The friend of belladonna gives 20 drops every 3 hours.

Of local applications, gargles of chlorate of potash, and

poultices, each 10, are the favourite measures. Steaming and liniments, each 4, follow ; 3 advise the use of nitrate of silver, and 3 the resort to the spray.

Leeches, ice, chromic acid, and tartaric acid gargles each find 1 supporter.

As to diet and regimen, 19 advocate large quantities of bland food, while only 1 speaks of low diet. Three supplement good food by brandy. Two advise full diet ; while 2 Australian medical men recommend wine, and 1 American speaks favourably of free supplies of native wine. Two practitioners resort to iced food.

As to modifications of the treatment according to the constitution of the patient, the answers vary. Three make vague allusions to the subject. One speaks definitely of the utility of iodide of potassium in the gouty, while another uses the same measure in the rheumatic. Two advocate its use in the strumous ; while 2 prefer the perchloride of iron ; guaiacum and sulphide of calcium each finding a supporter.

As to "age and sex," 4 declare that it calls for no modification. Others leave it unnoticed except 2 ; 1 of whom gives calomel to children while the other gives stimulants to the aged, when suffering from quinsy.

As to the treatment of the symptoms. For the relief of the pain, fomentations, opium, and steaming, have 4 supporters each, while 5 apply iodine externally. Baths and inhalations each have 3 friends ; while the spray, belladonna, poultices, and poppy heads, each have 2 advocates ; 1 only advises liniments. For the swelling in the throat 4 speak of ice ; 2 of scarifications and 2 of Dover's powder. For the pains in the limbs 1 each speak of morphia, of hypodermic injections, of aconite and Dover's powder, and of flannel. In the relief of constipation 8 advocate saline cathartics, without specifying them : 4 use enemata ; 3 calomel ; 2 castor-oil ; 2 compound jalap powder, while 1 declines purgatives altogether, and another says, as did several in the first return, that the bowels are sufficiently kept open by the guaiac where it is used ; and another prefers mineral waters.

As to surgical interference 10 resort to opening the abscess ; 6 say it is rarely needed, while 2 recommend it to be done at once. Scarifications are spoken of with approval by 5 ; while 3

decline all surgical interference. One thinks emetics useful, while another uses London paste instead of the knife; and one advises tracheotomy.

Such then is the practice of our professional brethren in distant lands; and from this return it will be seen that the same diversities of opinion obtain among them as we meet at home; the general lines of treatment, however, being the same.

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